Statement of Organization
Recipient Committee

1. Committee Information

NAME OF COMMITTEE
Duffy Duffy for City Council 2014

STREET ADDRESS (NO P.O. BOX)
2001 West Coast Hwy

CITY
Newport Beach, CA 92663

STATE
ZIP CODE
92663

AREA CODE/PHONE
949-645-6811

MAILING ADDRESS (IF DIFFERENT)
603 E Alton Ave STE H
Santa Ana, CA 92705

FAX/EMAIL ADDRESS
duffy@duffyboata.com/Lysear.campaignservices@gmail.com

COUNTY OF DOMICILE
Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE
Orange

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Lyse Ray

STREET ADDRESS (NO P.O. BOX)
603 E Alton Ave STE H

CITY
Santa Ana, CA 92705

STATE
ZIP CODE
92705

AREA CODE/PHONE
714-540-2295

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY
STATE
ZIP CODE
92705

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY
STATE
ZIP CODE
92705

AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 06/11/2014 By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 06/11/2014 By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROONENT

Executed on By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROONENT

Executed on By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROONENT

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